

Please print out and email the following, along with your receipt, to Trades3@sos.ga.gov

GEORGIA BOARD OF PRIVATE DETECTIVE & SECURITY AGENCIES
Supplemental Information for Online Application

Applicant Name (Print): _____ Email: _____

Company Name: _____ Company Email: _____



**Check this box if you are a military spouse or
a transitioning service member of the
United States armed forces, including the National Guard.**

Company License #: _____

AFFIDAVIT OF EMPLOYER

I certify and declare that the employee for whom this application is made has been given the minimum training required under the rules and regulations of the Board, and that the training certificate will be maintained in the employee's file with the company.

I further certify and declare that a name character background check has been made by my company on the employee, which indicates that the employee has had no felony convictions and has not displayed a disregard for the law.

Signature of Employer

Printed Name of Employer

Executed in _____
(city / state)

Subscribed and Sworn to Before Me this
_____ Day of _____, 20____

Signature - Notary Public

My Commission Expires: _____

SEAL

APPLICANT AFFIDAVIT REGARDING CITIZENSHIP

Submit a copy of your secure and verifiable document with this Affidavit.

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (check one):

_____ I am a United States citizen. **Submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on the Board's website.**

_____ I am not a United States citizen, but I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

Furthermore, I verify that I am 18 years of age or older and have provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Executed in _____
(city / state)

Applicant Signature _____

Subscribed and Sworn to Before Me this
_____ Day of _____, 20____

SEAL

Signature - Notary Public

My Commission Expires _____

STARTING WITH YOUR CURRENT ADDRESS, list your previous addresses for the past **five (5)** years. Dates must be provided **with no gaps**. If necessary, use additional pages.

DATES					ZIP
FROM	TO	STREET ADDRESS	CITY	STATE	CODE

STARTING WITH YOUR CURRENT EMPLOYER, list your employment for the past **five (5)** years. All time must be accounted for including periods of unemployment. All blocks must be completed. If necessary, use additional pages.

DATES				
FROM	TO	EMPLOYER	POSITION HELD	SUPERVISOR

- Submit a copy of your Basic Training Course certificate of completion.